

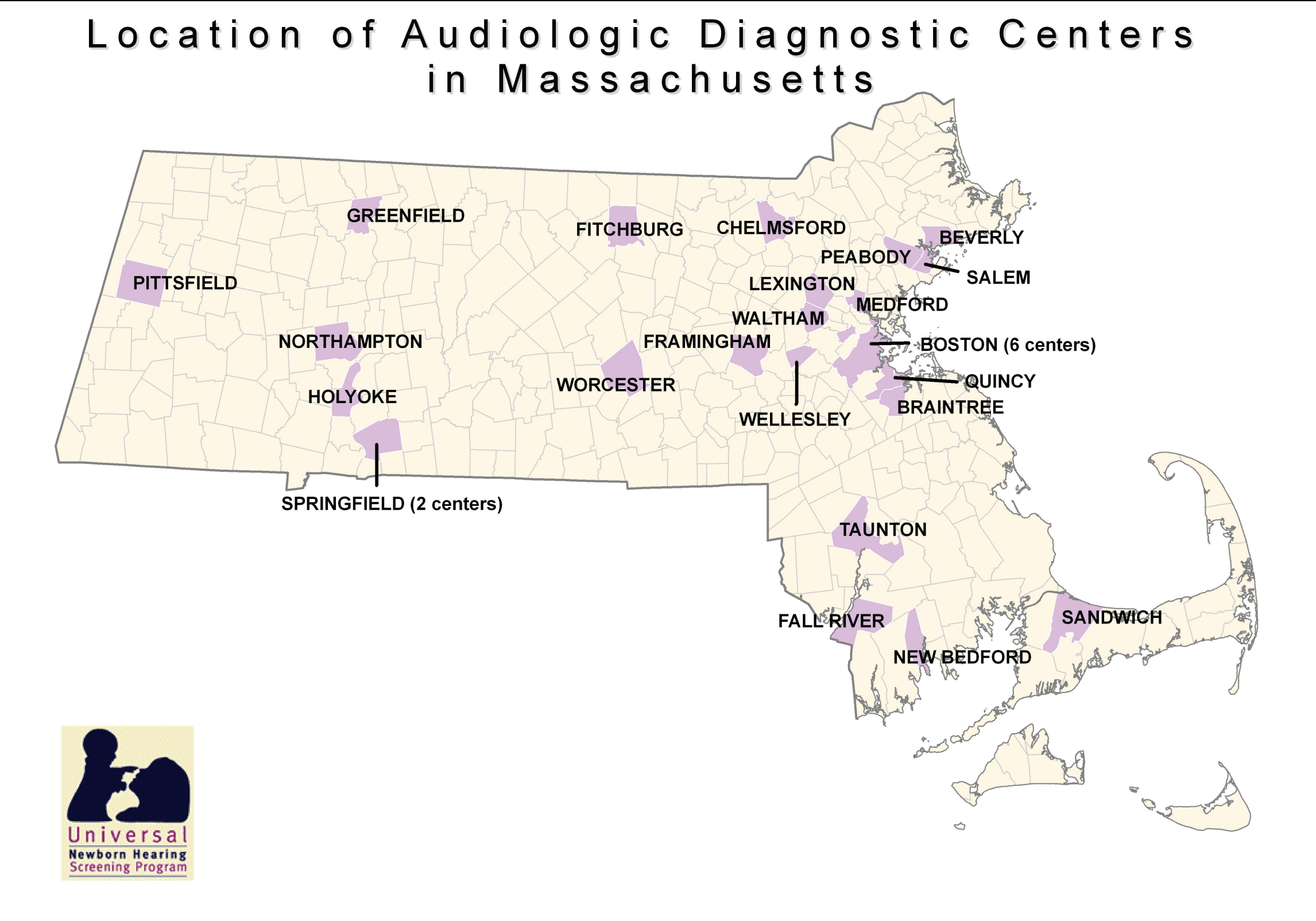


Give Them What They Want: Trainings for Audiologists in Massachusetts

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The Massachusetts Department of Public Health (MDPH) sponsors trainings three times a year for the 29 approved audiological diagnostic centers. These trainings include an educational component, an opportunity for the Universal Newborn Hearing Screening Program to present data and provide audiologists with time to come together as professionals and share their experiences. All centers participate, including major teaching facilities and smaller centers that only have one audiologist on staff. Their common experience in serving the youngest children and their families makes them a valuable resource to our program and to each other.



Topics have included:

1. Pediatric Ophthalmology
2. Preschool Vision Screening
3. Usher’s Syndrome
4. Factors Associated with SNHL in ECMO Graduates
5. Genetics of Hearing Loss
6. Challenges for Deaf and HOH Students and their Parents in the Educational Environment
7. Infant Brain Development
8. Cochlear Implant Candidacy and Outcomes
9. Early Periodic Screening, Diagnosis and Treatment Services
10. Evidence-Based Practice and Efficiency in the Infant Evaluation

Electronic reporting through secure e-mail was implemented in the summer of 2009 in most centers across the Commonwealth. Others continue to use a fax based system. This system was developed in conjunction with audiologists from the approved centers. We expect the median time between appointment date and data submission to decrease for 2009.

Table 1: Median time in days between audiologic diagnostic appointment and data submission to UNHSP

Year data received	Total # evaluations	Median time between appointment date and data submission (days)
2006	2666	4.0
2007	3281	7.0
2008	3391	7.0

Informed parental consent is required for child specific data to be submitted to MDPH. The audiologists participating in these meetings are in a leadership position in their facility and have made data collection on behalf of MDPH a priority for themselves and their staff.

Table 2: Consents versus non-consents

Year data received	Total # evaluations	Identification shared (%)	Anonymous non-consents (%)
2006	2666	2609 (97.9)	57 (2.1)
2007	3281	3204 (97.7)	77 (2.3)
2008	3391	3333 (98.3)	58 (1.7)



Audiologist adoption of the Early Hearing Detection and Intervention goals is key to the success of all EHDI programs.

Table 3: Median age in weeks at first audiologic diagnostic appointment – by laterality of hearing screen results

Birth year	Did not pass hearing screen	Median age at first diagnostic appointment (weeks)
Did not pass hearing screen unilaterally		
2006	972	4.3
2007	1109	4.6
2008	1010	4.3
Did not pass hearing screen bilaterally		
2006	327	3.9
2007	328	3.9
2008	395	3.9

Meeting with centers has afforded MDPH with an opportunity to provide education and training as well as to benefit from the knowledge and dedication of the audiologists and presenters. Data sharing has been instrumental to our success as these audiologists see the direct result of newborn hearing screening in their practices. They work with the child’s doctor/medical home to ensure referral to Early Intervention, the ultimate goal of EHDI.

Table 4: Final diagnosis statistics (for infants who did not pass the hearing screen)

Birth year	Did not pass hearing screen	With normal hearing (%)	With hearing loss (%)	Lost to follow-up (%)	With hearing loss, enrolled in EI (%)
2006	1299	902 (69.4)	226 (17.4)	93 (7.2)	152 (67.3)
2007	1437	1025 (71.3)	212 (14.8)	80 (5.6)	152 (71.7)
2008	1405	1055 (75.1)	202 (14.4)	59 (4.2)	155 (76.7)